

COMMONWEALTH OF KENTUCKY ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

Office of Housing, Buildings and Construction DIVISION OF HVAC 101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5405 (502) 573-0395 Fax (502) 573-1401



JOURNEYMAN HVAC LIMITED DUCT MECHANIC LICENSE APPLICATION

Please type or print application. All questions must be answered on both sides of this application. An application fee of \$50.00 is to be submitted payable to Kentucky State Treasurer.

1. Namo	e :				
Addr	Last	First MI			
Auui	'ess:	treet, Route or Box Number))		
City:	•	State:Zip:			
Coun	nty:	Tele	phone: ()		
Date	of Birth://	Social Security 1	number:		
2. Comp	pany Name:				
Addr	ess:				
C 11.		(Street, Route or Box Number)			
City:_		State:	zZip:		
Count	ty:	Telephone	:(
4. Are y	ination Score Certificate enclovou currently a Registered HV	No (If no, licens AC Apprentice: Yes	se cannot be issued until exam is passed.) s, Registration #		
	Applicant Photo		For Office Use Only Date Received Approved Issue Pending Approved To Test Board Review Appr # & Status Master for Comp Master Address		



	<u>Address</u>			Phone number
(B) Number of H	VAC work hours for which rec	ords are available: _		
Title	Presented by	<u>Dates</u>	. Attacii ce	Hours
	Applicant's Sign	nature:		
Education Assistance A	ot in default of any student lo Authority). I understand that receive a Kentucky Journey	nt if I am in defaul man HVAC Limit	t of any stu	udent loans backed by
The applicant, whose n foregoing statements su personally signed this a	ame is,	ne best of his knowl	being duly edge and b	sworn declares that the elief, and that he/she ha
		J C		
Subscribed and sworn	to before me this	day of		,
Subscribed and sworn				, ,

7. Total HVAC experience: